**Diocesan Supplementary Information Form Admission to primary school, 2024**

# Preesall Fleetwood’s Charity Church of England Primary School

**Name of child**:

**Surname . . . . . . . . . . . . . . . . . . . . .Christian names . . . . . . . . . . . . . . . . . . . . . . . .**

Date of birth . . . . . . . . . . . . . . . . . . . .

**Name of parent/guardian** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Post code . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Contact telephone number . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

**If you are applying to this school on faith grounds, please complete the following sections:**

**Place of worship** one of parents / guardians regularly attends\*:

Name of place of worship . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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\*As a result of the COVID-19 pandemic the requirements of our Admissions Policy will only apply to the period when your place of worship was available for public worship.

**Name of vicar / priest / minister / faith leader / church officer**:

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Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Post code . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Telephone . . . . . . . . . . . . . . . . . . .

**Your faith leader will be contacted in order to provide the information.**

Return this form to the school before 15th January 2024. This form is for use of the School; it will be sent to the appropriate faith leader, to be returned direct to the school.

**Clergy Reference Form Admission to primary school, 2024**

# Preesall Fleetwood’s Charity Church of England Primary School

**Name of child**:

**Surname . . . . . . . . . . . . . . . . . . . . .Christian names . . . . . . . . . . . . . . . . . . . . . . . .**

Date of birth . . . . . . . . . . . . . . . . . . . . .

**Name of parent/guardian** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Post code . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Contact Telephone . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

This parent has given your name as a reference for his/her commitment to the church/place of worship.

Our criteria require the parent to have attended their place of worship at least once a month for 12 months prior to 1st September 2023.

Has this been the pattern for this parent? YES / NO

Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . . . . .

Position . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Church . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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This church is a part of (please tick): Churches Together in England

Please return this form to Mrs V Gladwin, Fleetwood’s Charity School, Preesall, Lancs FY6 0NN by return.